



New England  
Deaconess  
Hospital  
Boston, Massachusetts

# pulse

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Phlebotomists Roberta Mooradian and Mark Tucker on their way to collect patient specimens which they will take to the control center.

## Control Center is heart of laboratory operation

The hospital's pathology laboratories located in the Meissner Building are among the finest in the world. Here, highly sophisticated electronic equipment is used to perform over 1500 analytical and diagnostic tests daily, the results helping determine patient diagnosis and the success of subsequent treatment.

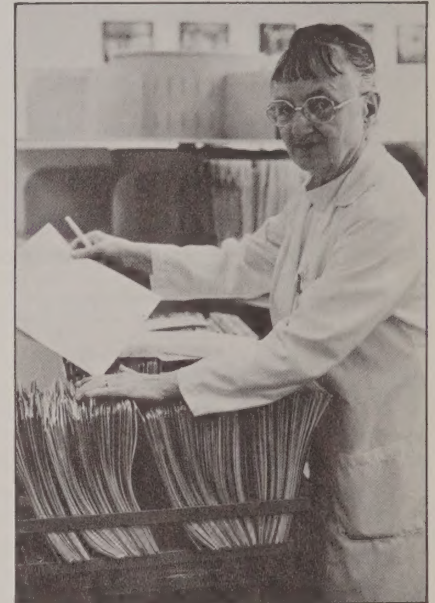
At the heart of the laboratory operation is the Control Center. On the ground floor of the Meissner Building, the facility collects specimens, routes them to the appropriate lab — chemistry, hematology, microbiology, serology, histology, cytology and radio assay — as well as documenting the results and relaying them back to patient floors.

The center's 35-person staff is divided into three groups; the phlebotomy team, secretaries, and the charting team. The phlebotomists draw blood and collect specimens from the floors. Several are Northeastern University students in medical technology programs while some are medical students working part time. Special procedures are used to ensure that the right test is done on the right specimen from the right patient.

"Patient identification is the cornerstone of our protocol, which is very strict in this regard," says Claire Fletcher, control center supervisor.

After the specimens arrive at the control center, they are sorted by the secretaries according to the lab in which the required test is to be done. The specimens are then loaded onto a mechanized delivery system, called a Mosler Telelift, which delivers them to the appropriate lab.

The Mosler system consists of a series of self-propelled boxes which run on tracks located in the walls and ceilings of the Meissner Building. Each is individually programmed in the Control Center 'station' to find its way to the designated lab. In the same manner, lab results are returned to the Control Center via the Mosler system.



Ilse Mertens, charter, ensures that laboratory results are recorded in the patients' records.

Another important secretarial function is to check returning CBCs (complete blood count tests) to ensure that they fall within predetermined measurements in comparison with those done on a previous day. If they

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## Surgical procedure developed here restores kidney function

An innovative surgical technique, developed here at the Deaconess over the past ten years, was presented to a group of visiting South American urologists by Dr. John A. Libertino at the annual Pan American Urologic meeting held this month in Boston.

Dr. Leonard Zinman and Dr. John Libertino of the Deaconess staff and the Lahey Clinic expanded on previously published material explaining their surgical procedure for restoring blood flow to non-functioning kidneys. In certain circumstances, this bypass operation restores complete urinary function.

The procedure is known technically as "revascularization of the chronic totally occluded renal artery with restoration of renal function," and is described in the Journal of Urology, October 1977 issue.

"What we're doing essentially is bringing a non-functioning kidney back to life," Dr. Libertino said. "Before we developed this surgical technique the standard response to a non-functioning kidney was to remove it. Our research showed, however, that if the occlusion blocking the blood supply to the kidney had developed slowly, other arteries would take over and supply enough blood to the organ

to keep it structurally intact but not in sufficient volume or pressure to perform its vital function of filtering impurities from the blood."

Dr. Libertino explained that if the occlusion develops quickly, blood supply to the kidney would probably stop completely resulting in irreparable damage.

"If pre-operative tests show the kidney's filtering apparatus to be intact, and the internal arterial network free of obstruction, we can be reasonably certain that the organ will start functioning normally as soon as blood flow is restored," Dr. Libertino said.

Since 1968, Drs. Zinman and Libertino have performed 13 such operations at the Deaconess. Kidney function was restored to all except one.

As a result of their published reports, Dr. Libertino and his group are attracting national and worldwide attention. And he has been asked to write a book about renovascular hypertension.

"The book will be a team effort including Drs. Donald Breslin, Neil Swinton, M. D. Phelps and Carl Bartels of the Lahey Clinic, and Dr. Richard Christlieb of the Joslin Clinic. All have contributed immeasurably to the success of this procedure," Dr. Libertino added.

## Hospital grounds alive with color thanks to care of Mike Bracken

Hot high noons are not the only reason for a thinned-out lunch crowd in the cafeteria. It seems that many employees have discovered the pleasures of eating outside among the flowers and shrubs that adorn the Deaconess grounds.

Patients too are welcomed with the sight of neatly trimmed bushes and hedgerows surrounded by carpets of delicate blooms and freshly cut grass.

Responsible for these botanical delights is Mike Bracken, who for the past 18 years has tended the 200-plus varieties of flowers and 20 types of shrubs and makes the most of our limited urban setting.

"You have to plan on having something in bloom all the time," says Mike in the wise tones of his native Ireland.

Mike was born in County Roscommon and came to the United States 24 years ago. "I spent my first night here in Medford and I've lived there ever since," Mike says. Along the way he married and raised four children, the oldest of whom, Anne, attends Boston University.

The Bracken home really starts to jump when the Boston Bruins are on the television. "My wife, the four kids, we're all crazy about them. But that's the only time I watch television. When I'm not busy with the family I like to

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Mike Bracken

### TAKE A BREAK — DO A PUZZLE

Do you sometimes enter or leave the Deaconess like the Montreal Express? If so, then you may have missed a table located near the chapel, by the back door of the Farr Building. Since Easter Week, Chaplain Guy Steele and his staff have covered this table with various diversions such as jigsaw puzzles and even a chess set. Next time you pass through the doors, plan to slow down a bit and add a piece to Winslow Homer's *The Herring Net*.

# Blood Bank honors gallon donors

The Blood Bank held a recognition party in the School of Nursing Auditorium May 26 for the 181 people who have donated a gallon or more of blood. The 'Gallon Club' now includes 52 new members.

As they entered, donors were presented with carnations — red ones for new members, white for previous members.

According to Blood Bank Director Dr. Agnes Kim, 5,573 pints of blood have been donated by over one thousand members of the Community Blood Donor program since 1972. These

donations represent a gift of \$178,936 to the hospital from members of the community blood donor programs.

Last year's party included one person, John Reed, maintenance and engineering, who donated three gallons. This year Jim McCormick and Dennis Monty, also from engineering and maintenance, were honored for donating three gallons.

Deaconess President Laurens MacLure and Dr. Bradley Copeland, Chief of the Clinical Pathology Laboratory, thanked the donors for their generosity. Dr. Merle Legg, Chairman of the Department of Pathology, talked about what medical practice would be like without a blood bank. Dr. Meissner, former chairman of the department of pathology, gave a brief history of blood transfusion and his experiences as a physician before there was such a thing as a blood bank.

The speakers were introduced by Ellen Szmonko, donor recruiting coordinator of the Blood Bank, who was also responsible for organizing the event.

After the awards presentation, there was a reception featuring cakes, coffee and punch.



Blood Bank Donor Recruiting Coordinator Ellen Szmonko (l.) with medical technologists Kathleen Cardillo and Marilyn Kovar (r.) at the Gallon Donor party.



The Gallon donors: (l.-r.), front row; Dr. William Poston, Mary Glover, Rick Lewis, M. Eleanor Clapp. Second row; Al Smith, Ellen Szmonko, Becky Telega. Third row; Edward Bouchie, Dick White, Rita McNulty, Natalie Czernicki. Back row; Dennis Monty, Michael Krenesky, George David, Jim McCormick.

## Mike Bracken . . .

(continued from front page)

read history, especially history that affected Ireland."

Mike obviously has strong feelings for his native Ireland, although whenever he talks about it he is quick to add that he thinks America "is a great country." He speaks of the time when he was young, rising at five in the morning to help his mother tend her flower garden, then walking over the lush green hills of County Roscommon "just looking at all the natural beauty."

The Deaconess community is fortunate indeed to have someone with

such a keen sense of 'natural beauty.' Ably helped by his assistant Kevin O'Leary, Mike keeps the grounds alive with color from late January through November; although this year the crocuses were delayed a month by the heavy snow accumulation. After the crocuses come the tulips, then great bursts of growth as geraniums, nasturtiums and rhododendrons charm the eyes and nostrils of passersby.

Mike has but one piece of advice for those seeking to duplicate his results. "The only way to learn about growing flowers is to do it and learn by your mistakes," he says.

## Control Center . . .

(continued from front page)

do not, the specimen is returned to the lab for further verification.

The secretaries also arrange for tests to be done at other institutions — about 40 a day — and are in almost constant communication with the nursing staff, physicians and service coordination. In addition, they type several hundred lab reports every day.

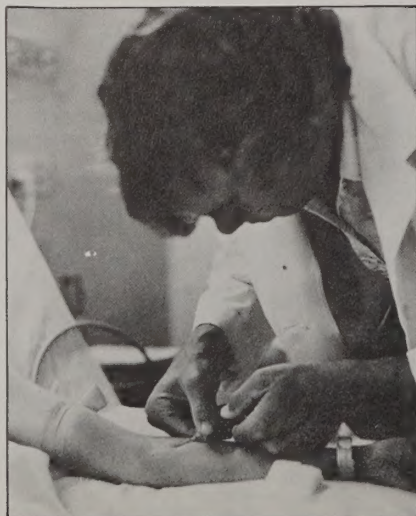
Completing the Control Center operation are the charters. They transcribe all the lab results into the patients' charts. Charting team members divide up the floor assignments between them and make rounds

throughout the day updating patient records with the latest lab results.

The Control Center is busy 24 hours a day, 7 days a week. White-smocked phlebotomists come and go, their IV baskets full of fresh specimens; the Mosler cars rattle off into the innards of the building, intercoms and telephones buzz discreetly. Everyone is moving — from typewriter to desk, to the center to check a specimen, to the phone to call in the results of an emergency test. An observer may be excused for interpreting the blur of activity as confusion, but watch a while and it's clear that everything is tightly under control, here in the Control Center.



Control Center secretary, Averill Richard, loads up a Mosler car which will transport patient specimens to appropriate laboratory.



Mark Tucker draws blood sample from a patient.

## DEACONESS NEWS IN BRIEF

### 600 attend Pops

The New England Deaconess Hospital Night at the Pops was attended by about 600 people on June 7 who enjoyed music by Strauss, Rachmaninoff and Gershwin as well as selections from *The Sound of Music*. Sponsored by The Friends of the Deaconess, the evening raised approximately \$2,000 for School of Nursing scholarships.

### JCRT Anniversary Party

The Joint Center for Radiation Therapy, conceived initially by the directors of New England Deaconess Hospital and Beth Israel Hospital, celebrated its 10-year anniversary with a dinner dance May 20 at the Copley Plaza. The affair was attended by 250 guests. Since its inception in the Spring of 1968 as one of the earliest collaborative hospital ventures, the Joint Center has grown from 10 employees to over a hundred serving six institutions and 2100 patients a year.

### Top Blood Banker

The Blood Banker of the Year Award (Technical) was presented to Ms. Natalie Czernicki, MT (ASCP) SBB, for her work in teaching at the Deaconess Hospital Blood Bank SBB (Specialist in Blood Banking) program and for her service as co-chairwoman of the program committee of the Massachusetts Association of Blood Banks, the organization which presented her with the award.

### Cancer Symposium

The annual Cancer Symposium sponsored by the hospital's Cancer Committee was held here June 8-10 in Joslin Auditorium. This year's program was primary care medicine and cancer management. Of the 53 physicians who attended, 41 were from out of state. It is the first of such programs to be directed to general practitioners.

### Mr. Lee named life member of MHA

A life membership in the Massachusetts Hospital Association was presented to Director Richard E. Lee, retiring chairman of the MHA board of trustees for his year of leadership in the organization. Mr. Lee was among 13 persons cited for service at the MHA's 42nd annual meeting held this month at Wentworth-By-The Sea, NH.

### Security chief certified

Frank A. Tenore, the hospital's security manager, has been named a Certified Protection Professional (CPP) by the American Society for Industrial Security. The certification process included eight 50-minute examinations and endorsement by a certification board.

### Family coffee hours

Family Coffee Hours are being held in the Farr 8 conference room every Thursday between 4:00 and 5:00 p.m. for the families and friends of patients. Those who attend have the opportunity to discuss experiences and share information.

## Miss Howland ties historical knot

Ellen D. Howland, an assistant director of the hospital and director of the School of Nursing delivered the graduation address April 23 at Lawrence Memorial Hospital School of Nursing in Medford.

The event was particularly poignant for all concerned because the school was established and directed by a 1920 Deaconess School of Nursing graduate — Leana Ivers Johnston. In 1923, Mrs. Johnston was appointed the first superintendent of Lawrence Memorial Hospital, a position she held until her retirement in 1960. She also served as the first superintendent of the Lawrence Memorial Hospital School of Nursing from 1923 to 1944.

# Is falling asleep a problem for you?

Then read on . . .

Here's a riddle: what do a nurse in the ICU, a patient recovering from surgery, and a healthy teenager have in common? The answer: they all need enough rest.

Certainly they don't all need the same amount of rest — rest requirements vary considerably among individuals. But all of us must identify the amount of rest we need and be sure we get it.

This seems like a simple enough assignment. But many people still find they are too tired too much of the time. These people can generally be divided into two categories: those who *can't* sleep and those who *won't*.

Those who won't sleep generally feel that there are too many other important things to do to waste their time sleeping. When they have too much to do in a day, they borrow sleeping-hours to get it all done. Now, some people don't need a lot of sleep, so no problems are caused. But when people simply ignore the warnings their bodies might give, they're starting an unfortunate cycle — fatigue, irritability, stress, inefficiency, change of appetite, etc.

If the above description fits you, you should remember that enough sleep is just as necessary to your body as

enough food or water. The body needs a rest period for physical repair.

Physiologically, during the first two hours of sleep the body slows down to a minimum rate of functioning. Muscular activity and voluntary thinking stop, heartbeat slows down, blood pressure and body temperature lower, kidneys excrete less urine.

During sleep, cells are replaced twice as fast as during waking hours. The body gets rid of skin waste products and circulates certain minerals, vitamins, and hormones in the skin. As a very visible example, without sleep the skin lacks the normal solutions that refresh it during the night. Skin tissues begin to sag and collagen (a dark protein in tissue) becomes increasingly apparent — thus creating dark circles under your eyes.

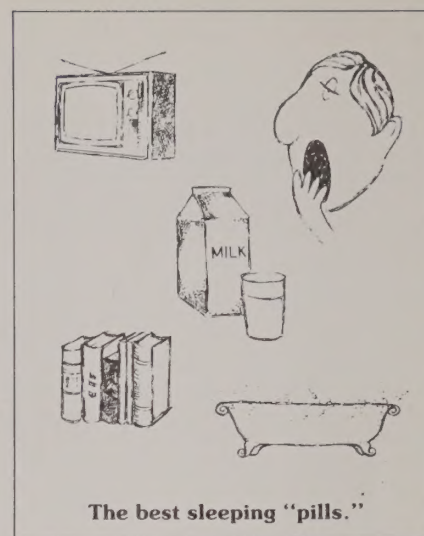
No one but you can gauge how much sleep you need in order to feel well, look well, and function well. It is certain that babies require lots of sleep and that the need for sleep decreases with age. It also is certain that not everyone needs the proverbial eight hours a night. But it is important to establish a personal sleep requirement and stick with it. If you feel you get enough sleep, but are still tired frequently, see your doctor — your problem might be an underlying physical or emotional one.

On the other hand, are you one of those who wants to get enough sleep but has trouble sleeping? If so, your set of problems and solutions is quite different.

Most experts agree that the so-called "insomniacs" among us probably get more sleep per night than they realize. People who complain of insomnia often underestimate the time it takes them to doze off, or, if they wake up for a brief period in the middle of the night, feel they have been up for hours.

Still, the *feeling* of going to bed and not being able to sleep is a frustrating one. Here are some simple remedies:

- \*don't go to bed until you're sleepy
- \*establish a regular bed-time routine (this might include going to bed at the same time every night, having a snack first — preferably something high in calcium like milk)
- \*exercise more during the day
- \*avoid naps during the afternoon or early evening
- \*take a lukewarm bath (hot baths or cold showers tend to be stimulating)
- \*one drink or glass of wine before bed can help induce sleep, overindulgence tends to result in waking in the middle of the night and having trouble getting back to sleep.
- \*if you're a problem sleeper, don't use your bed for working, telephoning, etc. — go to bed when you're ready to sleep
- \*if you generally tend to be sensitive to your environment, make your sleep environment inviting



The best sleeping "pills."

\*and if you still have trouble sleeping, don't just lie in bed worrying about it — get up and watch TV, read a not-too-suspenseful book, write letters.

Most sleep experts seem to agree that temporary sleeping problems clear up by themselves, and chronic problems should be investigated by a physician to be sure the person isn't suffering from an illness, physical or psychological, that needs treatment.

How much sleep you need will be determined by a variety of factors, among them your age, health, the amount of physical activity you normally get, mental stress, and your basic body rhythms. The easiest way to measure whether you're meeting your own sleep needs is to evaluate how easily you get tired.

## Dr. Badger awarded Trudeau Medal

Dr. Theodore L. Badger, internal medicine, was awarded the American Lung Association's highest honor at its annual meeting May 16. Dr. Badger was presented the Trudeau Medal, established in 1926, and awarded annually to "that individual who . . . has made the most meritorious contribution to the cause, prevention or treatment of tuberculosis and related fields."

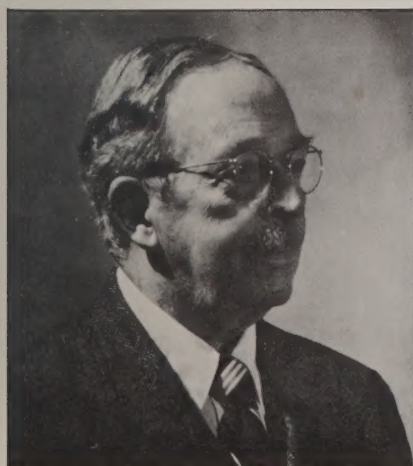
Dr. Badger is one of the grand old men of medicine. A distinguished chest physician for more than four decades, he is also teacher, investigator and humanitarian. Dr. Badger is professor emeritus at Harvard Medical School.

As a young doctor, Dr. Badger journeyed north to the Grenfell mis-

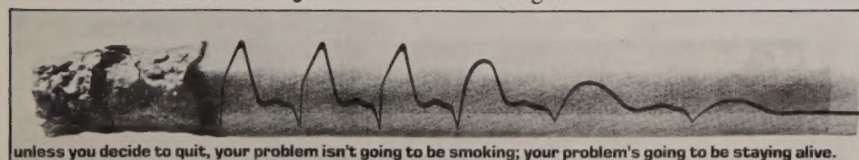
sion in Labrador to survey the population for tuberculosis by means of tuberculin skin tests and chest X-rays. The susceptibility to tuberculosis of nurses and pregnant women was another of his special interests. He also evaluated tuberculin skin testing methods in surveillance programs of large populations for tuberculosis and encouraged new research in the broad field of lung defenses.

Dr. Badger was graduated from Yale University in 1922 and from Harvard Medical School in 1926. After serving his internship in Massachusetts General Hospital, he went to New York as assistant medical resident at Presbyterian Hospital and then became chief resident at Bellevue Hospital's famous chest service. He joined the staff of the Deaconess in 1935 and now serves as committee physician advisor to the hospital's utilization review committee.

Carrying on a busy clinical practice ever since 1931, Dr. Badger has found time to contribute in a major way to the programs of local, state and national lung associations and thoracic societies. He was president of the American Thoracic Society in 1957-58. At Harvard Medical School, Dr. Badger taught many future pulmonary specialists. In recognition of his service, Harvard has established the Theodore L. Badger Lectureship in diseases of the lungs.



Dr. Theodore L. Badger



unless you decide to quit, your problem isn't going to be smoking; your problem's going to be staying alive.



Let's all

# save energy

to keep  
America  
working

What follows is the continuing Pulse series on how you can save energy dollars at home. Homeowners often forget some of the routine operations that affect energy saving. Here are a few suggestions:

**Filters.** Window conditioners usually have filters that can be either washed or replaced. It's a good idea to have a regular time for inspecting them and making sure the motors don't have to work so hard drawing air through fouled filters. Central air conditioners also have large filters that need replacing or cleaning periodically. Write the date on the box when each change is made. The lint filter on a clothes dryer is often forgotten.

**Hot Water Tanks.** Reduce the temperature from 150F to 120F. If a dishwasher is used, set the thermostat to 140F. Check — you may have two thermostats to change on each tank. Showers use less hot water than baths.

**TVs.** Instant-on TVs can be disconnected at night and over holidays and vacations. An easy way is to place a switch at a handy place on the cord.

**Dishwashers.** Turn off the dishwasher when it reaches the drying cycle.

**Yard Lights.** Lighting up plants and

trees in the yard is pretty, but perhaps the energy should be saved for a more important job.

**Blinds.** Pull the blinds to prevent hot sunshine from fighting your air conditioner.

### ENERGY CONSERVATION PROGRESS AT THE DEACONESS.

Energy conservation shifted into high gear here with the June 7 meeting of the 80 volunteer energy monitors in Joslin Auditorium.

Jackie Halligan of the Boston Gas Company showed a variety of home energy-saving devices and repeated the demonstration in the cafeteria during the lunch hour. Included in her bag of gadgets were red-flannel long johns and matching night cap.

**Cafeteria lights go dim.** Thanks to energy monitor Dave Person, many lights have been shut off in the cafeteria during meal-times resulting in significant energy savings and favorable reactions from diners.



Dave Person

# The dilemma of rising hospital costs: voluntary effort or govt. intervention?

The following is a partial transcript of a May 12 news broadcast by radio commentator Paul Harvey. His remarks are especially pertinent in light of our hospital's accelerating cost containment efforts.

□

One of every nine dollars you earn goes to pay medical care for somebody. Either in higher taxes or in higher medical insurance rates, one in every nine dollars you earn goes to pay medical care for somebody.

The cost of a day's stay in the hospital has increased 1,000 percent in thirty years.

President Carter, horrified at this statistic, last year proposed a mandatory government throttle on rising hospital costs.

You know why Congress said "no"? Because Congress, and presumably by now the President, discovered that the main reason for higher hospital costs is the government itself.

Until a dozen years ago the cost of everything else was going up faster

than hospital costs. But in the twelve years since government enacted Medicare and Medicaid the cost of an average patient's stay in the hospital has soared from \$300 to \$1,300!

Hospital costs have risen faster because government has dumped an additional \$30 billion a year of demand on our medical system.

Further, by HEW's own admission it — the gigantic Department of Health — is itself so cost inefficient that it wastes 6.6 billion dollars a year!

Ninety percent of all hospital bills are now paid by somebody other than the patients themselves.

By you, if you will excuse the repetition, either in higher taxes or in higher health insurance rates health care for somebody now consumes one of every nine dollars you earn.

This "indirect payment," sometimes called "third party payment," has inevitably encouraged extravagance. Patients hospitalize themselves for checkups that could be done in the doctor's office. And hospitals compete in the race to acquire more and more sophisticated equipment.

*Everybody orders more when it's an "expense account meal."*

Wisely, Congress realized that since government is most of the problem, certainly more government is not the answer.

Now, while government is seeking to curb fraud and waste, hospitals themselves are streamlining and already in some instances *actually reducing costs* through Voluntary Effort."

As these hospitals, now voluntarily on a diet, are measuring up to the obligations of self-discipline, hopefully suppliers, insurers, employers, unions and patients themselves will demonstrate similar selflessness in tempering their "wants" so that their "needs" can be met without the further government snoopervision which historically leads to more overhead — and less of everything else.



**CONGRATULATIONS TO THE CLASS OF 1978** who graduated from the School of Nursing June 22. The Pulse will cover the ceremonies in its July issue. . . . Meanwhile, it seems appropriate to reflect on a time when nursing education was a little different. Pictured above is the left wing of Harris Hall as it appeared in 1915. At that time the building housed two schools, a nursing program and Training School for Christian Service. From 1917 until 1922 the training school was merged with Boston University's Department of Religious Education. The first wing of the building was built in 1913 with funds provided by Chicago banker Norman Walt Harris. The right wing and top floor were added in 1927. Below are the 1915 graduates of the training school in their Deaconess garb.



Safety Manager John Gilrane (r.) gives instruction on the use of fire extinguishers at training sessions sponsored by the safety committee to familiarize employees with the different types of extinguishers found in the hospital.



New England Deaconess Hospital  
185 Pilgrim Road  
Boston, Massachusetts 02215

## pulse

The New England Deaconess Hospital is a 489-bed and 14-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the general medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine, and is affiliated with Harvard Medical School.

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Mike Bracken brings the Deaconess alive with color. See front page.



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